

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031611

Registration District No. 55

Primary Registration District No. 5011

Registrar's No. 85

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Length of stay in 1b 3 weeks	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carroll county Mem. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Charles Wesley Scheible		4. DATE OF DEATH Month Aug. Day 15, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Carroll County, Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Englebert Scheible		13b. MOTHER'S MAIDEN NAME Mollie Vantrump	
14. NAME OF HUSBAND OR WIFE Laura Myer Scheible		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Address Norborne, Mo. Mrs. Charles Scheible	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1950
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition (e.g., heart disease, diabetes, etc.) Other significant conditions contributing to death but not related to the terminal condition: Hydrops of 904 13 days Carcinoma of prostate to liver			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 4:30 a.m. 4 p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Carrollton MO		COUNTY Mo. STATE Mo.	
21. I attended the deceased from 1955 to Aug 15 1963 and last saw him alive on Aug 15 1963 Death occurred at 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Eugene L. Balon M.D.		22b. ADDRESS Carrollton MO	
22c. DATE SIGNED 8-15-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/16/1963		23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	
23d. LOCATION (City, town, or county) Norborne Mo.		23e. DATE RECD. BY LOCAL REG. 8-16-63	
23f. REGISTRAR'S SIGNATURE Mary Dean		23g. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.